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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03827 1. Corporation Name

T. LEE MARTIN, INC.

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90032 037 ***150.00



Disabat Disas	of Business	Mailing Address						
Principal Place	oi business	*						
441 33RD ST N		441 33RD ST N Suite a			Į.			
SUITE A ST. PETERSBURG FL 33713			ST. PETERSBURG FL 33713		DO NOT WRITE IN THIS SPACE			
US	O I E WITH	US			3. Date incorporated or Qualifed	_ -	-	
00					01/03/1992			
6 Deigning Di-	aco of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
	ace of Business	·			59-3104898	N	ot Applicable	17
21		Suite, Apt. #, etc.				\$8.75	Additional	r2.
Suite, Apt. #	#, etc.	· ·			5. Certifcate of Status Desired		equired	
22		27			- El ette Cemeile Financing	\$5.00	May Be	
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution	-1 1	to Fees	
23		28					10.100	
Zip	Country	Zip	Count	У	8. This corporation owes the curre	ent year intangible Yes	□No	
24	25	29	30		Personal Property Tax.			
	9. Name and Address of	Current Registered Agent			10. Name and Address of New R	egistered Agent		
			8	1 Name	-		+	
	tin, t ommie lee		8	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
9511	ROCK HILL RD.			- Substract		نتيه والتسوير وتعويد	1 garage 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
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			8	4 City		F1 85 Zip	Code "	
					maration submits this statement for the	nurnose of changing if	s registered	
					poration submits this statement for the tion's board of directors. I hereby accept	t the appointment as i	egistered	
	egistered agent, or oom, in a	COLUMN COZ OFOE EL						
	m familiar with, and accept th	ie obligations of, Section 607.0505, Fi	orida Statute	: S.				
office or re agent. I ar	m familiar with, and accept th	e obligations of, Section 607.0000, 11	0,100 010101					_
office or re agent. I ar	m familiar with, and accept the	istered agent and title if applicable. (NOT	E: Registered A		red when reinstating)	DATE	ORS IN 12	(86)
office or re agent. I ar	m familiar with, and accept the	istered agent and title if applicable. (NOT	E: Registered Ac	ent signature requi	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12	11/98)
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: